Dear Dr. Martinez:

My purpose in writing is to respond to the April 26, 2017 letter and draft report from the March 6-7, 2017 site visit by the Team representing the Council on Education for Public Health (CEPH), regarding the evaluation of the Public Health Program at Teachers College, Columbia University.

We were very grateful for the thoroughness of the work of the site visit Team, and took extensive notes based on their March 7, 2017 PowerPoint, as the Team kindly allowed us to do so, noting their ratings for each Standard. We immediately began meeting on March 7, 2017 as a faculty with the Director of Accreditation and Assessment, and began five months of reflection, discussion, consultation, and action to address areas of concern. We then codified improvements, updated our website and documents disseminating the changes, achieved final formal faculty votes of approval, and are poised for the next step of having our Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (“Joint Committee”) review all that we have enacted at their annual December 2017 meeting. This will include their providing us with feedback on how we can further improve, as well as formally voting on our work products.

Reflecting our work across the past five months, we are submitting the attached document that constitutes our response in writing to the Team’s report, as additional information we believe important for CEPH Councilors to have in order to make a well-informed decision about accreditation.

We very much appreciate your time and attention in carefully reviewing this submission.

Sincerely,
Barbara C. Wallace, Ph.D.
RESPONSE TO CONCERNS AND COMMENTARIES RAISED IN THE SITE-VISIT TEAM’S REPORT

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Part 1: Revisions to Goals and Objectives (Standards 1.1 and 1.8)

Standard 1.1. Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

The CEPH Team’s Draft Report indicates:
 “The criterion is partially met.” (p. 3)

“The first concern relates to the overlap of goal statements and program objectives. As currently transcribed, the objectives are written broadly, more like goal statements and do not appear to be measurable.” (p. 3)

Program’s Response

Upon reflection on our discussions with the Site Visit Team, review of CEPH self-study documents, and examples of self-study reports from other institutions, we believe that this concern is a result of different terminologies. In our original report, we presented a set of broad goal statements derived from our mission statement. Our objectives represented the parsing out of the goal statements into components, which were further operationalized in performance indicators. What we termed “performance indicators” was what, we believe, the reviewers expected for “objectives.”

We revised the structure of our goals and objectives to better match the nomenclature used by CEPH. We integrated our broad goal statements and former objectives into 10 goals within the categories of instruction, research, service, and diversity. We renamed our performance indicators into objectives and placed them under each of the 10 goals. Each of the objectives is measurable. Faculty approved the revisions to our goals and objectives in August 2017. An additional review and vote for approval will occur in December 2017 with the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (Joint Committee) members as per our standard two-stage annual process of review.

The revisions for sections 1.1.C and 1.1.D of our Self-Study Report are presented in Appendix A. They also encompass our objectives-related response to Standard 1.8. Diversity.

Standard 1.8. Diversity. The Program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

The CEPH Team’s Draft Report indicates:
 “The criterion is partially met.” (p. 11)

“The concern relates to insufficient outcome measures related to race and/or ethnicity in the program’s diversity objectives. While the program is guided by four diversity-related outcome measures, none of them specifically address race and/or ethnicity only, which at least two are required by the CEPH accreditation criteria. The program identifies targets of under-represented groups, but those are defined to also include socioeconomic status, gender, disability, religion or sexual orientation.” (p. 12)

Program’s Response
We clarified the three diversity-related objectives to zero in on race and ethnicity, gender, and immigration status of students (objective 8.1), faculty (objective 8.2), and staff (objective 8.3) (Appendix A). We also revised the outcome table related to these objectives to present the data on race/ethnicity separately from the data on gender and immigration status (Appendix B).
Part 2: Dissemination of Mission, Values and Goals (Standard 1.1)

Standard 1.1. Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

The CEPH Team’s Draft Report indicates:

“The criterion is partially met.” (p. 3)

“The second concern relates to the availability of the mission, values and goals to students, administrators, faculty and the general public. The self-study indicates that the mission, values and goals are made available through the program’s website, prospectus, Teachers College academic catalog and student guidebook. Upon review, site visitors verified that the prospectus lists the mission, values and goals. The program’s website does not include these guiding statements but provides a link to the Student Guidebook, which includes the mission and vision; however, at the time of the site visit, the link to the guidebook was broken. The online academic catalog includes the mission, vision, and values but not the goals. The public presentation of the program’s mission, values and goals must be consistent and available in all locations.” (p. 4)

Program’s Response

- **Home Page:** The team was rightly concerned that the link provided in the report was not working because of a typo. However, the information was fully accessible on the website at the time of the March 2017 site visit under the Program Philosophy tab: [http://www.tc.columbia.edu/health-and-behavior-studies/health-education/about-us/program-philosophy/](http://www.tc.columbia.edu/health-and-behavior-studies/health-education/about-us/program-philosophy/). To be consistent with the revised goals and objectives as described in Part 1 above, we updated the content of the website. Also, the Program’s Home Page now includes a direct link to the Program’s Mission, Values, and Goals ([http://www.tc.columbia.edu/health-and-behavior-studies/health-education/](http://www.tc.columbia.edu/health-and-behavior-studies/health-education/)).


- **TC Academic Catalog:** We submitted a corrected copy of our mission, values, and **goals** for the next edition of the TC Academic Catalog. The presentation of our goals matches what was presented in Part 1 above.

We believe we addressed all of the concerns expressed by the Team. We will regularly monitor the website to ensure that all links are working. Furthermore, the Health and Behavior Studies Department has hired a Technology Specialist for the purpose of maintaining the websites of all programs, including our M.S. Program in Community Health Education, ensuring a high quality website in the near future.
Part 3: Systematic Data Review and Program Improvement (Standard 1.2)

Standard 1.2. Evaluation and Planning. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

The CEPH Team’s Draft Report indicates:
“The criterion is partially met.” (p. 4)

“The concern relates to the lack of a systematic process to monitor, analyze and use the data collected annually to assess the program’s progress toward its mission, goals and objectives as well as to make programmatic adjustments or to enhance the quality of the program. During on site discussions, program representatives explained that data have been collected but not systematically reviewed. Site visitors did not see evidence or examples of feedback collected through the evaluation process being used to improve the program.” (p. 4)

Program’s Response

We respectfully disagree with the Team’s finding that “the data has been collected but not systematically reviewed.” The narrative of the report and a number of documents in the Resource File extensively document the mechanisms utilized for a systematic data review, analysis, feedback, and subsequent program improvements. From the moment the Program was launched and, especially, during the 5-year process of preparing for the CEPH review, the Program Director and Faculty systematically engaged in review of all relevant data concerning every aspect of the Program. The feedback of our students, alumni, and health care practitioners was sought and incorporated every step of the way.

The following documents in our Resource File provide evidence of data reviews, discussions, feedback, and changes made:
• 1.2.A. Year 1 Self-Study Report August 2013
• 1.2.B. Year 2 Self-Study Report October 2014
• 1.5.A. Faculty Committee Minutes
• 1.5.D. Joint Committee Minutes
• 1.8.A. Diversity Plan
• 4.4.B. Newsletter - Vol 1 Issue 1 July 2014
• 4.4.C. Newsletter - Vol 2 Issue 1 February 2016

Appendix C of this document summarizes what the above documents show about how we analyzed and used data to improve the Program.
Part 4: The Two-Year Director Term of Service (Standard 1.4)

Standard 1.4. Organization and Administration. The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

The CEPH Team’s Draft Report indicates:

“This criterion is partially met.” (p. 6)

“The program director position has recently been redefined as a two-year-term position, although no initiation date has been established.” (p. 6)

Program’s Response

We observe that, within the 301-word single paragraph written by the Team that spans pages 6-7 of their Report, the word “concern” does not appear. The only sentence approaching use of the word concern states, “All academic issues concerning department faculty must be brought to the department chair for action” (p. 6). For every other Standard where we received “The criterion is partially met,” the Team identified a “concern.” We would not presume to have identified an error. Thus, we are responding to the single sentence in the paragraph that is closest to a concern: “The program director position has recently been redefined as a two-year-term position, although no initiation date has been established” (p. 6).

The new college policy for two-year-term Program Director positions was announced as effective September 2016. Our Program faculty decided that the current Program Director, Professor Wallace, would continue her service for two years, as of this policy effective start date. Professor Wallace is on sabbatical for Fall 2017, and Professor Rajan will serve as the Acting Program Director. Upon Professor Wallace’s return in Spring 2018, she will continue her two-year term as Program Director, calculated as follows: Fall 2016 and Spring 2017 equal year one of service and Spring 2018 and Fall 2018 equal year two of service. Professor Rajan begins two years of service as Program Director in Spring 2019.
Part 5: Improving Practitioners’ Input (Standard 1.5)

Standard 1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

The CEPH Team’s Draft Report indicates:

“This criterion is met with commentary.” (p. 7)

“The commentary relates to the small number of community health practitioners involved in program governance. While the Joint Committee has six members representing the community, five of those members are affiliated with academia and hold faculty positions at various universities in the area.” (p. 8)

Program’s Response

We suffered the loss of a nursing practitioner in service at a hospital who served the Joint Committee from 2013 to 2015 and a health education specialist practitioner who served from 2013 to 2015. We extended invitations to join the Joint Committee to four Fieldwork precept supervisors in Fall 2016 and one accepted. We extended an additional invitation to a Fieldwork precept supervisor in Spring 2017 and she is awaiting receipt of supervisor clearances. We will extend invitations to five new incoming Fall 2017 Fieldwork precept supervisors in time for attending the annual December Joint Committee meeting.

We would also like to clarify that of the current six members of the Joint Committee, there is one member who is a practitioner/fieldwork precept supervisor (joined in Fall 2016) and one member who is only newly in academia but still actively involved in community-based practice (i.e., rose from a practitioner to a coordinator of a hospital-based training program of community members in faith-based approaches to cardiovascular health care). In addition, our faculty engage in regular community-based practice, for example, Professor Rajan is engaged weekly in community-based practice.
Part 6: Clarifying the College Budgetary Process (Standard 1.6)

Standard 1.6 Fiscal Resources. The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

The CEPH Team’s Draft Report indicates:
“This criterion is partially met.” (p. 8)

“The concern pertains to the lack of transparency in the program budget. Program and institutional leaders were unable to provide the site visit team with a clear description of how the funds for the program calculated. Table 1 provides a general overview of the revenue, but does not provide total calculations. Faculty and staff salaries are not presented for the last two fiscal years though repeated attempts were made to obtain this information. Some expenses, such as the discontinued annual health disparities conference, are not accounted for in the budget table provided by the program. Program support to students in the forms of tuition waivers, scholarships, work-study or graduate assistantships are also not included. While institutional leaders pledged financial support to the public health program in meetings with site visitors, the sustainability of the program cannot be determined due to the incomplete presentation of fiscal resources.

Throughout the self-study and during the site visit, faculty, institutional administration and students expressed anticipation that enrollment will increase in coming years with CEPH accreditation and continuing demand for health educators. Increased enrollment is expected to provide greater resources, most notably financial resources, to the program, which will allow the program to address some of the current issues, such as scholarship availability and work-study opportunities. While future enrollment growth stemming from CEPH accreditation may help to address some challenges, greater enrollment will also demand additional fiscal and other resources.” (pp. 9-10)

Program’s Response

Appendix D includes a letter from the Vice President for Financial and Administration and the Vice Provost of the College elaborating on how budgeting occurs at Teachers College. Below are revised fiscal resource tables for faculty salaries and benefits, the Annual Health Disparities Conference, and scholarship support.

Table 1: Faculty Salaries and Benefits

<table>
<thead>
<tr>
<th>FISCAL YEARS (FY)</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Faculty Salaries and Benefits</td>
<td>701,429</td>
<td>733,775</td>
<td>758,410</td>
<td>803,972</td>
<td>828,092</td>
<td>858,454</td>
</tr>
<tr>
<td>Primary Faculty Overage and Benefits</td>
<td>217,155</td>
<td>294,661</td>
<td>348,937</td>
<td>290,009</td>
<td>192,132</td>
<td>TBD</td>
</tr>
<tr>
<td>Adjunct and Other Salaries and Benefits</td>
<td>40,850</td>
<td>35,900</td>
<td>63,100</td>
<td>61,270</td>
<td>124,446</td>
<td>115,321</td>
</tr>
<tr>
<td>FISCAL YEARS (FY):</td>
<td>FY13</td>
<td>FY14</td>
<td>FY15</td>
<td>FY16</td>
<td>FY17</td>
<td>FY18</td>
</tr>
<tr>
<td>-------------------</td>
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<td>----------</td>
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<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Staff Salaries and Benefits</td>
<td>53,207</td>
<td>54,365</td>
<td>55,487</td>
<td>58,021</td>
<td>59,763</td>
<td>61,556</td>
</tr>
<tr>
<td>Travel</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>7,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,016,641</td>
<td>1,122,701</td>
<td>1,229,934</td>
<td>1,217,273</td>
<td>1,208,432</td>
<td>1,042,331</td>
</tr>
</tbody>
</table>

Table 2: Annual Health Disparities Conferences’ Budget

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Conference Funding From Multiple Sources:</td>
<td>$53,840</td>
<td>$55,346</td>
<td>$48,028</td>
</tr>
<tr>
<td>Provost’s Office As Conference Sponsor/Use of Provost Account</td>
<td>$30,070</td>
<td>$30,347</td>
<td>— NA —</td>
</tr>
<tr>
<td>Other Varied Conference Sponsors Recruited for Funding</td>
<td>— NA —</td>
<td>— NA —</td>
<td>$5,700</td>
</tr>
<tr>
<td>Donations for Conference Programs</td>
<td>— NA —</td>
<td>— NA —</td>
<td>$800</td>
</tr>
<tr>
<td>Tuition From Online Spring Conference Course HBSS5800 (1 pt)</td>
<td>$19,200</td>
<td>$16,128</td>
<td>$32,330</td>
</tr>
<tr>
<td>Registration Fees from Group Rates (Special Discount)</td>
<td>— NA —</td>
<td>— NA —</td>
<td>$4,698</td>
</tr>
<tr>
<td>Funds from the President’s Office of Diversity and Community</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Funds from the Department of Health and Behavior Studies (Chair’s Discretionary Funds)</td>
<td>$2,000</td>
<td>$3,500</td>
<td>$3,500</td>
</tr>
<tr>
<td>Program in Health Education Coordinator’s Discretionary Funds</td>
<td>$1570.28</td>
<td>$3,014.80</td>
<td>— NA —</td>
</tr>
<tr>
<td>Funds Found from Prior 2009 Conference’s Profit</td>
<td>— NA —</td>
<td>$1,356.25</td>
<td>— NA —</td>
</tr>
<tr>
<td>Total Conference Costs:</td>
<td>$36,390</td>
<td>$39,816</td>
<td>$42,337</td>
</tr>
<tr>
<td>Keynote Speakers/Honorarium/Travel/Per Diem</td>
<td>$5,000</td>
<td>$11,785</td>
<td>$10,000</td>
</tr>
<tr>
<td>Online Spring Conference Course HBSS5800 - Instructor Salary</td>
<td>$10,720</td>
<td>$10,720</td>
<td>$7,580</td>
</tr>
<tr>
<td>Teachers College Internal Staff (Security, Housekeeping, Media)</td>
<td>$2,340</td>
<td>$2,340</td>
<td>$2,978</td>
</tr>
<tr>
<td>Graduate Assistant Manager of CHES/MCHES CECH/ Registration</td>
<td>$790</td>
<td>$1019</td>
<td>— NA —</td>
</tr>
<tr>
<td>Additional Conference Costs (Programs, Plaques, Posters, etc.)</td>
<td>$4,303</td>
<td>$2,100</td>
<td>$4,926</td>
</tr>
<tr>
<td>Conference Cultural Opening</td>
<td>$1,000</td>
<td>$1000</td>
<td>— NA —</td>
</tr>
<tr>
<td>Conference Food</td>
<td>$6,988</td>
<td>$7,352</td>
<td>$13,353</td>
</tr>
<tr>
<td>Total Webcasting Live Webinar/Archiving</td>
<td>$3,500</td>
<td>$3,500</td>
<td>$3,500</td>
</tr>
<tr>
<td>Total Profit:</td>
<td>$18,839</td>
<td>$17,640</td>
<td>$7,111</td>
</tr>
<tr>
<td>College Profit</td>
<td>$17,449</td>
<td>$15,530</td>
<td>$5,691</td>
</tr>
<tr>
<td>Other Profit from CHES/MCHES CECH Income (@$10 per person)</td>
<td>$1390 (n=139)</td>
<td>$2,110 (n=211)</td>
<td>$1,420 (n=142)</td>
</tr>
</tbody>
</table>
In 2013-2014, the Faculty voted for a new MS Student Scholarship Policy that allowed us to begin awarding our Program scholarship points (General, Minority and International) to MS students. We also awarded our Sacks Scholarship for the first time to an MS student in academic year 2013-2014, repeating this support for MS students in 2014-2015 and 2015-2016. While we did not award the Sacks Scholarship to an MS student in 2016-2017, that year we awarded our highest number of points ever to MS students and we continued these awards in 2017-2018. Table 3 above shows how we increased total scholarship funds to MS students from $23,159 in 2013-2014 to our most recent of $70,740 in 2017-2018.

The College provides our Program with scholarship points based upon enrollment. As the Program grows in size, the amount of points we have to award also increases, within the three categories of General, Minority, and International. Points are awarded based on academic merit.
• The *TC Minority Group Scholarship* seeks to promote the enrollment of a diverse student body at the College, including individuals from historically underrepresented groups.

• The *TC International Student Scholarships* seek to promote the enrollment of a diverse student body from outside the United States. To be eligible, students must be citizens of another country.

To further address the Team’s concern, we are able to continue to fund our MS students with a higher and higher proportion of our total available funds. For example, for academic year 2017-2018 we allotted to MS Student Scholarships some $70,740 of our total $204,360 available for supporting our students. This is also consistent with the College’s policy to increase the size of our MS degree program and reduce the size of the EdD program.

We also plan to seek out training grants, such as from the National Institute on Minority Health and Health Disparities. Our next incoming Program Director, Professor Rajan, has a vast portfolio of grants, reflecting her great success in this area. Under her leadership, we anticipate success in expanding the focus of our Program’s grants to include Training Grants.
Part 7: Workload of the Program Director and Technology Support Services (Standard 1.7)

Standard 1.7. Faculty and Other Resources. The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

The CEPH Team’s Draft Report indicates:

“This criterion is met with commentary.” (p. 10)

“The concern pertains to the uneven workload the program director maintains while in the program leadership position. The program director is the responsible party in almost all facets of the program including gathering data for evaluation purposes, developing various documents related to curriculum assessment, advising, student recruitment, diversity initiatives, continuing education conference series, external constituent communication and budgetary requests. In addition to administrative duties, the program director also maintains a course load of at least two courses a semester. During on site meetings, site visitors learned that the program director does not receive adequate time to perform the administrative duties necessary for the program’s development, evaluation and sustainability. The self- study states that institutional leadership discontinued the program’s very successful annual health disparities conference in order to reduce the workload of the program director, who also coordinated this workforce development activity.” (p. 10)

“The absence of identified technology services to support online course delivery was surprising to the site visit team. Given that over half of the program’s courses are available to students online, information technology and online course development resources are often provided. However, students who met with site visitors did not report any issues with accessing lectures or course materials and faculty did not report problems with posting course material online.” (p. 11)

Program’s Response on Program Director’s Workload

The new MS program was launched in Fall 2012 with three Full Professors (Allegrante, Basch, Wallace), one new Assistant Professor (Rajan), and one Adjunct Full Professor (Marks) teaching all required courses, which, by the following year, increased to two Adjuncts (Harris-Hollingsworth). The history of Teachers College actually closing Programs because they were no longer viable is not widely known by those who have not been at the college for several decades, yet it was a powerful source of motivation to seek CEPH accreditation, driving the Program Director and the full cooperation and support of the faculty.

Rather quickly after we launched the new MS program, Professor Allegrante joined the administration and was travelling internationally on a regular basis. He only recently returned to our Program. Thus, he was not available for leadership in the accreditation process. Similarly, Professor Basch’s workload issues (courses, grants, numerous college-wide committees) were a barrier to his taking leadership in accreditation, while he was a model of responsiveness in adhering to all requests.

The approach taken with the new Assistant Professor Rajan was to ensure that she did not have an excessive workload and could engage in all that was needed for her successful receipt of tenure (anticipated for receipt in 2018).
Hence, the Program Director (Professor Wallace) provided leadership for accreditation (receiving appropriate compensation from the Office of the Provost). She relied on the Task Force and other Committee members to do a great deal of work (Rajan, Marks, Harris-Hollingsworth). But, ultimately, the Program Director authored all internal Self-Study reports, other final reports, wrote booklets and engaged in extensive data analyses for these reports. The Director of Assessment and Accreditation, Dr. Alexandra Gribovskaya, provided assistance at all stages of program development and accreditation process.

**Program’s Response on Technology**

We believe that Teachers College and the Department of Health and Behavior Studies provided sufficient resource for the faculty to integrate technology, including creating hybrid or online courses. Every semester faculty receive an email from an Academic Technology Fellow assigned to each Department. Academic Technology Fellows are to provide faculty with support for all of technological pedagogy needs. They assist faculty with incorporating technology into courses and troubleshooting TCapps like Moodle, Canvas, WebEx, and Mahara. Similarly, students have access to a range of services from our Computing and Information Services (CIS), including workshops on campus, trainings online, webinars on various online class platforms, as well as drop-by sessions. There is also a Service Desk accessible by phone or e-mail that provides immediate help with technology. Finally, our Department added a Technology Specialist position to assist faculty and programs with managing website content. We intend to use this new position to enhance our description of the resources available to prospective students.
Part 8: Nature of Culminating Project and Evaluation Rubric (Standard 2.5)

Standard 2.5 Culminating Experience. All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

The CEPH Team’s Draft Report indicates:

“This criterion is met with commentary.” (p. 16)

“The first point of commentary pertains to the program’s emphasis on work leading to peer-reviewed publications over the integration of practice in student work. While it is appropriate to expect that the culminating project will reflect high-quality work by students, the program is limiting itself and its students with a reduced focus on projects oriented to the health education profession. The opportunity to implement programs that can impact the health of communities, regardless of the innovative or generalizable nature of the project, should not be undervalued. The second point of commentary relates to the subjective evaluation process within the program to assess consistency of projects regarding relevance, effort or quality across students. The evaluation form completed by a faculty advisor rates student culminating projects on a qualitative scale. The process could be better with set guidelines or a common rubric that faculty use to evaluate a student’s final project ensuring regularity with final grades.” (p. 17)

Program’s Response

Students often select the Major Research Paper option from among all the choices (see the Culminating Project Scoring Rubric in Appendix E). A number of students created a Community Health Education Curriculum within their Fieldwork/Internships (e.g., of those in Table 2.4.B. Fieldwork Sites and Preceptors, one did so for 2014-2015; one did so for 2015-2016; and one did so for 2016-2017; and beyond that table, 3 of 3 students did so for 2013-2014). Following their Fall Fieldwork/Internship, many students used their Spring Culminating Project to codify their curriculum within a Major Research Paper, aspiring for publication. This reflects our students’ decision-making with faculty support. We do not believe we undervalue the curriculum development accomplishments of our students.

In response to the Team’s second concern, we developed a more analytical rubric to evaluate students’ culminating projects (Appendix E). The faculty approved the rubric as of August 2017; an additional review and vote for approval will also occur in December 2017 by the Joint Committee members as per our standard two-stage annual process of review).
Part 9: MS Student Research Opportunities (Standard 3.1)

Standard 3.1 Research. The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

The CEPH Team’s Draft Report indicates:
“This criterion is met with commentary.” (p. 22)

“The commentary relates to opportunities for MS student participation in faculty-led research projects. On site discussions with students and alumni indicated that research opportunities (paid or unpaid) are limited and difficult to obtain. Students noted that there is no mechanism through the Program Office for soliciting student participants, but rather, students must proactively seek out opportunities themselves. Faculty who met with site visitors confirmed this reality and expressed their disappointment that more cannot be done with students given resource limits on most projects.” (pp. 22-23)

Program’s Response

As part of our response related to the Workforce Development Plans in Part 10 below, we specified new research opportunities for MS students such as (1) faculty-led telephone survey research; (2) faculty-led research evaluating workforce development for the Facebook community for health education and public health education (to be launched in 2017-2018); (3) producing Facebook community results of the workforce development needs survey; and (4) other Facebook community research (e.g., locating and posting research articles).
Standard 3.3. Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

The CEPH Team’s Draft Report indicates:

“This criterion is partially met.” (p. 24)

“The concern relates to the program’s reliance on perceived needs to determine workforce development offerings rather than an assessment of the needs of its target community of practitioners, health educators and public health outreach professionals. The program has primarily relied on feedback provided by conference and webinar evaluation forms, direction and guidance from members of the Joint Committee, review of the National Commission for Health Education Credentialing, Inc.’s seven areas of responsibility and faculty members’ own knowledge based on their leadership roles in the community health education field. While these mechanisms may be used to gather feedback on perceived needs, they may not accurately capture the needs of the target workforce. The Joint Committee does provide important feedback; however, the majority of committee members are individuals from academic settings whose opinions may not reflect the needs of community health education practitioners. Site visitors recognize that the program seeks to provide required Category 1 continuing education contact hours for CHES and MCHES credential holders; however, the most recent Health Education Specialist Practice Analysis identified 36 competencies and 258 sub-competencies within the seven areas of responsibility for CHES and MCHES. The competencies selected by the faculty may not represent the current competency and skill development needs of the community.” (pp. 24-25)

Program’s Response

Our Annual Health Disparities Conferences could only offer Category 1 CHES and MCHES continuing education contact hours by submitting detailed paperwork to NCHEC that demonstrated how we would meet many of the 7 areas of competencies. However, that paperwork for NCHEC provider status always followed the program being put together, based on selected abstract submissions that largely reflected how nation-wide conference presenters were meeting their local community’s needs via their practice innovations and research evaluations. What came first were the abstract submissions to our annual call for papers and posters, and what followed was our placing of selected submissions into the Featured Speaker special presentation slots for Category 1 CHES and MCHES continuing education contact hours. After putting together the program from the accepted abstract submissions, the next step involved specifying how the content of these proposed presentations aligned with the NCHEC 7 areas of responsibilities. Thus, we never selected NCHEC competencies before we set the conference agenda. And, we only selected NCHEC competencies in order to be able to be a provider to offer Category I CHES and MCHES continuing education contact hours. Thus, while a potentially excellent suggestion, our program has not relied upon the most recent Health Education Specialist Practice Analysis which identified 36 competencies and 258 sub-competencies within the seven areas of responsibility for CHES and MCHES. Instead, we first examined the selected conference abstracts and then matched the content to the NCHEC 7 areas of responsibilities in our application to be a provider in the 2013, 2014 and 2015 years of the two-day Annual Health Disparities Conference.

We utilized an evidence-based approach to determining workforce development needs, using online
surveys of hundreds of participants at the conclusion (final evaluation) of our Annual Health Disparities Conference. We also had an additional source of data beyond our post-March 2015 Annual Health Disparities Conference evaluation data. This data came from conference call interviews with two representatives from government agencies (Region II Health and Human Services Office and Substance Abuse and Mental Health Services Administration) to determine the theme and focus of the 2016 Annual Health Disparities Conference. Based on their extensive networks and awareness of workforce development needs, as well as national funding priorities, the result of the conference call was a decision to focus the 2016 Annual Health Disparities Conference on the health needs of Black males across the lifespan, including the school-to-prison pipeline and incarceration crisis. Although the 2016 Annual Health Disparities Conference was canceled, the recommendation of these two leaders supported the next conference event we held—the November 2015 conference *Health Disparities, Trauma, Disruptive and Criminal Behaviors and the Adolescent Brain*.

The November 21, 2015 conference reflected the consensus of the leading experts in the New York State Psychological Association (NYSPA – as co-sponsors of the event) who agreed on the importance of focusing on Black boys who are part of the school-to-prison pipeline and suffer health disparities and trauma. The NYSPA collaboration to put on this conference also reflected access to their vast network for determining their members’ workforce development needs. The NYSPA Pediatric Committee within NYSPA had worked for over a year in determining the need for a conference focusing on this topic to meet workforce development needs. The decision by the Pediatric Committee and NYSPA to focus on this topic was also partly rooted in the work of the First Lady of New York City, Chirlane McCray, who in 2016 published a blog online that focused on what was perceived as a pressing issue in the city, i.e., the need to focus on the needs of youth before they end up within the criminal justice system. This followed Mayor de Blasio creating a task force in 2015 that focused on the urgency of reducing the large number of youth cycling through the criminal justice and health care systems due to their unaddressed behavioral health needs.

Our program’s deep commitment to workforce development is clearly evident, as well as our using multiple strategies for determining and responding to workforce development needs. Following the CEPH site-visit, we developed a new workforce development policy on determining the needs and evaluating offerings (which is subject to review and vote of approval by the Joint Committee members in December 2017). The new policy includes the following components:

1. **Conduct Telephone Survey Research** of our past, current and future Fieldwork precept supervisors on their perceptions of current workforce development needs. And, to use a snowball technique by asking them to recommend other community-based practitioners and agencies to also participate in the telephone survey. We will use this information on workforce development needs to structure our future offerings. We will invite MS Students to participate in this telephone survey research.

2. **Sponsor a Facebook Community for Health Education and Public Health Education**, which will be launched in 2017-2018, and involve our faculty, students, alumni, and prior conference participants. The new community will provide online workforce development for health education specialists, public health professionals, and community health workers, while benefiting from the new Facebook Community Standards ([https://www.facebook.com/communitystandards](https://www.facebook.com/communitystandards)) and their mission “to give people the power to build community and bring the world closer together.” We will invite MS Students to participate in faculty-led research, including an online survey evaluation process and online literature reviews.
Part 11: No Commentary or Concern Provided (Standard 4.2)

Standard 4.2 Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

The CEPH Team’s Draft Report indicates:
   “This criterion is met with commentary.” (p. 25)

Program’s Response

The Team provides an accurate and favorable description of faculty policies and procedures without using the word “concern” or the “commentary” providing no basis for our response.
Part 12: Admission Requirements and Admissions Review Rubric (Standard 4.3)

Standard 4.3 Student Recruitment and Admissions. The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.

The CEPH Team’s Draft Report indicates:
“This criterion is partially met.” (p. 26)

“The concern pertains to the lack of criteria or procedures used when reviewing applications. Beyond noting that the application review process is approximately 30 days, there is no explicit mention of the process by which applications are reviewed and how admissions decisions are made. On site discussions did not elucidate the structure or procedures used in this process.” (p. 27)

Program’s Response

In response to the Team’s concerns, our faculty voted to approve the following addition to the 2017 Guidebook for Students, which now makes transparent our admissions process. Please note that an additional review and vote for approval will occur in December 2017 by the Joint Committee members as per our standard two-stage annual process of review.

M.S. Admission Requirements

Admission to the M.S. degree program offered by the Program in Community Health Education is based upon several criteria. These include: adequacy and relevance of preparation at the undergraduate level, as reflected in a high GPA (B or better); relevance of prior professional experience and related activities, providing a sound foundation for studying more advanced principles guiding behavioral and social change conducive to health; and, articulated in a personal statement potential to benefit from additional preparation in community health education. Thus, applicants who present strong academic preparation at the undergraduate level in the behavioral and social sciences, education, nursing, public health, social work, or allied health professions are given priority consideration for admission to the program. Furthermore, there must be a commitment to and evidence of being capable of pursuing the completion of the 42-point curriculum, given the length of time required to complete this curriculum (e.g., an average of two years, including taking summer courses). There must also be evidence of the applicant possessing the willingness and ability to engage in a second year Fall fieldwork/internship—as an intensive 180 hour supervised experience. The applicant should also be perceived as capable of engaging in the Culminating Project for Research, Scholarship and Inquiry that is slated for the final semester, as a major independent study project necessitating discipline and focus. Finally, the applicant should be perceived as possessing the intellectual rigor and organizational skills essential to creating and submitting a Capstone Portfolio that includes the corpus of their graduate work in the program, including a thoughtful introduction and conclusion with synthesis of what was learned—as a requirement for graduation. Submitting GRE scores is optional, while international students must submit a satisfactory TOEFL score. (pp. 21-22)
Faculty also voted to approve a new Admissions Review Rubric (Appendix F) reflecting these admission requirements.
Appendices

Appendix A: Revised Goals and Objectives (Sections 1.1.C. and 1.1.D.)

August 2017 Faculty Approved 10 Goals for Achieving Our Program Mission (Section 1.1.C.)
In order to achieve our mission, the Program faculty has identified 10 goals that fall within the broader categories of educational goals, research goals, service goals, and diversity goals.

Educational Goals
One of the three fundamental purposes of the Program is to deliver education that provides a firm foundation rooted in knowledge of the behavioral and social science principles that guide effective community-based education—including methods of analysis, assessment, program planning, evaluation, and research. We provide classroom instruction, advanced seminar, colloquia and statistical laboratory instruction that ensure training in core competencies essential for addressing public health through community health education that effectively promotes health, prevents disease, and advances health equity.

**The Program’s educational goals are:**
1. Prepare competent community health practitioners equipped with foundational knowledge and practical skills in core public and community health areas.
2. Provide students with an intellectually stimulating learning environment.
3. Provide students with adequate support to complete their studies in a timely fashion.

Research Goals
The second fundamental purpose of the Program is to advance and disseminate the evidence-base for the behavioral and social science serving as the foundation for the community health education that effectively addresses the health of the public in diverse regional, national, and international communities. We foster exposure to rich and varied programs of research that emphasize establishing the evidence base for community health education practices, using multiple types of evidence and varied research designs (e.g. efficacy, effectiveness, epidemiological, public health, ethnographic, naturalistic, case-studies, process-outcome studies, meta-analyses).

**The Program’s research goals are:**
4. Advance and disseminate evidence-based research that addresses public health in diverse regional, national, and international communities.
5. Engage students in the advancement and dissemination of evidence-based research that addresses public health in diverse regional, national, and international communities.

Service Goals
In addition, the Program provides opportunities for engagement in internship, practice, and service activities that reflect collaboration with varied institutions, organizations, and agencies in the community setting—including schools, hospitals, clinics, work-sites, and non-profits—thereby providing a firm grounding in the practical application of knowledge in the real-world, as well as reinforcing and extending the knowledge base gained through education. We promote the sharing of expertise, learning, and working collaboratively with program peers, faculty, other professionals, community stakeholders, and community members—whether via service on advisory boards, institutional committees, advocacy groups, trans-disciplinary groups, or other organizational groups.

**The Program’s service goals are:**
6. Engage in collaborative work with varied institutions, organizations and agencies to promote public health.
7. Provide continuing education and workforce development opportunities to a national and global audience of public and community health practitioners.

Diversity Goals
Finally, our Program seeks to recruit and retain a diverse student body, faculty and staff as the multicultural setting for accomplishing educational goals—ensuring the representation of racial/ethnic minorities and other under-represented groups such as immigrants and people with disabilities. Students have the option of engaging in a confidential disclosure of their disability status to our Office of Access and Services for Students with Disabilities. We provide an education that prepares students for engagement with diverse populations in regional, national, and international communities. The education we provide also prepares students to engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.

The Program’s diversity goals are:
8. Recruit and retain a diverse student body, faculty and staff as a multicultural setting for accomplishing educational goals.
9. Prepare students for engagement with diverse populations in regional, national, and international communities.
10. Engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.

August 2017 Faculty Approved Measurable Objectives Corresponding to 10 Goals (Section 1.1.D.)

Educational Goals and Objectives

Goal 1. Prepare competent community health practitioners equipped with foundational knowledge and practical skills in core public and community health areas.

Objective 1.1. 100% of students will complete the required courses with grade B or higher and demonstrate mastery of program core competencies through completion of course competency evaluation projects.

Objective 1.2. 100% of students’ practical competencies will be rated as adequate or above by the Fieldwork Coordinator/Instructor of HBSS 5410 and Fieldwork Supervisors.

Objective 1.3. 90% of students completing the Program Exit Survey will indicate that the required courses have facilitated achievement of the core competencies stated on the course syllabi.

Objective 1.4. 90% of students completing the Program Exit Survey will rate their competence in the core public health and community health areas as adequate or above.

Objective 1.5. 75% of graduates, seeking to do so, will be employed as public health practitioners or in a related field within a year after graduation with the M.S. degree.

Goal 2. Provide students with an intellectually stimulating learning environment.

Objective 2.1 25% of students will attend the 8-Session Colloquia Series during the fall semester annually.

Objective 2.2. 75% of students will attend the Program’s continuing education and workforce development events.
Educational Goals and Objectives

Goal 3. Provide students with adequate support to complete their studies in a timely fashion.

Objective 3.1. 80% of students will complete their studies within five years.

Objective 3.2. 80% of students completing the Program Exit Survey will indicate having received adequate support to complete their studies in a timely fashion.

Research Goals and Objectives

Goal 4: Advance and disseminate evidence-based research that addresses public health in diverse regional, national, and international communities.

Objective 4.1. 50% of the core faculty will have current internally or externally funded research projects or grant applications under review.

Objective 4.2. Each core faculty will share his or her public or community health research by presenting at least twice a year at conferences, seminars, webinars, or other professional venues.

Objective 4.3. Each core faculty will author at least 2 publications (peer-reviewed journal articles, books, or chapters in edited volumes) annually.

Goal 5: Engage students in advancement and dissemination of evidence-based research that addresses public health in diverse regional, national, and international communities.

Objective 5.1. 100% of students will engage in at least one applied research activity through a course and/or practicum experience.

Objective 5.2. 50% of faculty will engage students in their research projects.

Objective 5.3. At least 25% of students will author evidence-based publications or present their research at professional conferences.

Service Goals and Objectives

Goal 6: Engage in collaborative work with varied institutions, organizations and agencies to promote public health.

Objective 6.1. 75% of the core faculty will engage in community service to promote public health at the local, regional, state, or international level.

Objective 6.2. 90% of students will engage in at least one student volunteer service activity to promote public health outside of fieldwork while pursuing their degree.

Goal 7: Provide continuing education and workforce development opportunities to a national and global audience of public and community health practitioners.

Objective 7.1. At least one continuing education and workforce development opportunity will be
Objective 7.2. At least 100 professionals will receive Category I Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES) continuing education hours by participating in the Program’s annual continuing education and workforce development events.

Objective 7.3. At least 3 students each year will collaborate with faculty in the planning and organization of the continuing education and workforce development activities.

Diversity Goals and Objectives

Goal 8: Recruit and retain a diverse student body, faculty, and staff as a multicultural setting for accomplishing educational goals.

Objective 8.1. At least 30% of the admitted students will come from the traditionally under-represented groups based on race or ethnicity; and we will also categorize students by and collect data regarding gender, immigrant status, and disability status (if disclosed).

Objective 8.2. The diversity of the faculty, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide faculty.

Objective 8.3. The diversity of the staff, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide staff.

Objective 8.4. 80% of students completing the Program Exit Survey will perceive faculty and staff as displaying respect and support for all types of diversity.

Goal 9: Prepare students for engagement with diverse populations in regional, national, and international communities.

Objective 9.1. 90% of the required courses will include information on research or practice with diverse populations in regional, national and international communities through case examples, course readings, or class assignments.

Objective 9.2. At least 2 sessions of the Fall 8-Session Colloquia Series each year will be devoted to diversity issues.

Objective 9.3. 100% of students’ practicum experiences via the supervised Fieldwork/Internship will provide experience with diverse or vulnerable populations.

Goal 10: Engage in health equity research aimed at reducing and eliminating health disparities and addressing the most vulnerable populations.

Objective 10.1. 100% of the core faculty will focus their research agenda on health equity, health disparities, or the most vulnerable populations.

Objective 10.2. At least 50% of students will focus their research projects on health equity, health disparities, or the most vulnerable populations.
Appendix B: Revised Outcomes Table for Objectives 8.1, 8.2, and 8.3

<table>
<thead>
<tr>
<th>Objective 8.1. At least 30% of the admitted students will come from the traditionally under-represented groups based on race or ethnicity; and we will also categorize students by and collect data regarding gender, immigrant status, and disability status (if disclosed).</th>
<th>2013-2014</th>
<th>2014-2015</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% Ethnic/Racial Minority</td>
<td>75% Ethnic/Racial Minority</td>
<td>75% Ethnic/Racial Minority</td>
<td></td>
</tr>
<tr>
<td>100% Female</td>
<td>50% Female</td>
<td>50% Female</td>
<td></td>
</tr>
<tr>
<td>20% with Disability</td>
<td>50% Immigrant/International</td>
<td>25% Immigrant/International</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 8.2. The diversity of the faculty, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide faculty.</th>
<th>2013-2014</th>
<th>2014-2015</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Faculty: 50% Ethnic/Racial Minority (College-Wide: 24%)</td>
<td>Primary Faculty: 50% Ethnic/Racial Minority (College-Wide: 24%)</td>
<td>Primary Faculty: 50% Ethnic/Racial Minority (College-Wide: 24%)</td>
<td></td>
</tr>
<tr>
<td>50% Female</td>
<td>50% Female</td>
<td>50% Female</td>
<td></td>
</tr>
<tr>
<td>Adjunct Faculty: 50% Minority Ethnic/Racial</td>
<td>Adjunct Faculty: 50% Ethnic/Racial Minority</td>
<td>Adjunct Faculty: 50% Ethnic/Racial Minority</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 8.3. The diversity of the staff, defined in terms of race or ethnicity and gender, will be equal or better as compared to the College-wide staff.</th>
<th>2013-2014</th>
<th>2014-2015</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Assistant (1): 100% Ethnic/Racial Minority</td>
<td>Academic Assistant (1): 100% Ethnic/Racial Minority</td>
<td>Academic Assistant (1): 100% Ethnic/Racial Minority</td>
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Appendix C: Evaluation and Planning Evidence and Examples

1. The Multi-Stage Semesterly Review Process
The Program Director and Faculty worked closely together in the multi-stage semesterly review process. The Program Director engaged in a process of reviewing data with faculty in numerous faculty meetings. The Program Director also mentored and coached individual faculty to ensure that core program materials were consistent with our Program’s mission/goals/objectives, specifically by reviewing:
- Course syllabi
- Program Course Competencies (PCs)
- Course Competency Evaluation Projects (CCEPs)
- Course Competency Evaluation Project Scoring Rubrics (CCEP-SRs)

2. The Two-Stage Annual Process of Review
Our two-stage annual review process involved:

1) Fall Faculty Meetings where Faculty members and our MS Student Committee members in attendance at all Faculty Meetings
2) Annual End of Fall Meeting with the Community Health Education Program Joint Advisory Committee on Growth, Quality, and Development (“Joint Committee”).

Within this two-stage annual process of review, the meetings included a focus on the data within major internal Self-Study Reports, Diversity Plan, and newsletters. The evidence of data review, feedback and changes made are provided below.

I. Evidence from Two Major Internal Self-Study Reports

1) Our First Self-Study Report. A report dated August 16, 2013 entitled, Toward CEPH Accreditation: Year One 2012-2013 Self-Study Results, which was reviewed at a Fall 2013 Faculty Meeting and the inaugural Annual End of Fall 2013 Joint Committee Meeting, facilitated at both meetings a systematic review of:
- The data of our college-approved and state-approved curriculum, Culminating Project for Research, Scholarship and Inquiry requirements, and Capstone Portfolio requirements—which totaled 42 points/credits—with positive feedback on our program launch
- Data on the demographics of our first cohort of MS students admitted in Fall 2012 and Spring 2013—with feedback on how to improve recruitment
- The data of our 7 core requirements for an internship, within a discussion of our Fall 2013 launch of Fieldwork Internships, and Development of our Fieldwork/Internship Guidebook—with feedback covering several possible internship sites, including those of Joint Committee members (e.g. St. Barnabus Hospital; Montefiore Medical Center).
- Our enhanced MS program recruitment tools, specifically a new 2013 Program in Health Education Recruitment booklet—with feedback on ways to disseminate it more widely
- Data on the percentage of our classes offered online (e.g. hybrid)—with feedback on ensuring the high quality of online classes
- How our website had been updated and enhanced to support MS program recruitment—with feedback of praise
- Data from the March 2013 Annual Health Disparities Conference as a live web-cast event, which provided up to 10 Category 1 CHEC/MCHES continuing education contact hours (CECH) for N=175 who attempted and 145 who successful received CECH—with feedback of some faculty
and Joint Committee members volunteering to present at the next conference, recommending future presenters/Keynote Speakers

- Detailed 2013 Conference evaluation data was reviewed—with feedback to continue high quality conferences that produced high rating
- Data on the number of participants in the Fall 2012 8 Session Fall Colloquia Series for workforce development—with feedback on strategies to advertise more widely
- Data obtained from the Program Director’s academic year 2012-2013 review of faculty member’s course syllabi (as data) that revealed the 5 Problems found in syllabi—including detailed examples of 5 solutions. This included the plan to continue group and individual meetings with faculty to ensure all necessary improvements in course syllabi were made—specifically with regard to the selected PCCs, CCEPs and CCEP-SRs. Feedback covered the need to work closely with individual faculty and review their attempts at following the 5 solutions.

2) Our Second Self-Study Report. A report dated October 31, 2014 entitled, Year Two 2013-2014 Self-Study—Program in Community Health Education: Toward CEPH Accreditation, which was reviewed at a Fall 2014 Faculty Meeting and The Annual End of Fall 2014 Joint Committee Meeting, facilitated at both meetings a systematic review of:

- Data from our Summer 2012 marketing survey (N=246) that determined interest in a new MS Program in Community Health Education—with feedback that we had obtained high quality data and should publish it in a journal, as a way to also advertise our program
- Data from the Program Director’s review of the Faculty’s course syllabi in August 2012, again in January before the Spring 2013 semester, in Summer 2013 before the Fall 2013 semester, and in January before the Spring 2014 semester—with attention to improving course syllabi via refinement of the PCCs, CCEPs and CCEP-SRs, and entire curriculum. Feedback covered how individual work with faculty via multiple reviews of syllabi led to positive results—along with the need to continue to review course syllabi and data from the CCEP-SRs
- Admissions data and demographic data for MS student admits from Fall 2012, Spring 2013, Fall 2013 and Fall 2014—including the data on total number of program participants, and number of graduates to date; feedback covered how to further increase recruitment
- Data on the number/characteristics of attendees in the Fall 2012, Fall 2013 and Fall 2014 offerings of the Fall 8 Session Colloquia Series—with feedback on advertisement strategies
- The data of the 7 core requirements for fieldwork codified in the new 2013 Fieldwork/Internship Guidebook published and printed as a booklet in Spring 2013 for use in launching Fall 2013 Fieldwork—with feedback suggesting additional internship sites to explore and the task of negotiating formal agreements
- Data on the number of students who participated in fieldwork/internships in Fall 2013 and Fall 2014—with feedback covering the need to increase fieldwork sites and institutional agreements, as the size of cohorts increases in future years
- The data of the new 2014 Recruitment Booklet published and printed in Spring—with feedback on the need for a wide-dissemination strategy to increase MS program admissions
- Data on the March 2013 Annual Health Disparities Conference, as well as the March 2014 Annual Health Disparities Conference, including number receiving Category I CHES/MCHES CECH, number of overall participants in person and on-line, and program evaluation ratings—with feedback covering those faculty and Joint Committee Members planning to present at the March 2015 event, possible keynote speakers, and conference advertising
- Data on the number of students on the MS Student Committee who began service in Fall 2013 and in Fall 2014—with feedback encouraging them to survey their peers (formally and informally) to bring issues, concerns and suggestions to our meetings
The emergent data of our (then) final mission, values, goals and objectives—given the lengthy process of developing and editing our Program’s mission, values, goals and objectives—including the Joint Committee’s late Fall 2013 meeting where their recommendations and revisions were made and incorporated in the final version; feedback covered suggestions for how to disseminate this information to boost admissions.

The data of the evaluation ratings in Spring 2014 of the first graduating cohort’s (N=3) Culminating Projects for Research Scholarship and Inquiry (advisor ratings), and their Capstone Portfolios (advisor and Program Director ratings)—with feedback praising the high quality and impressiveness of the work, permitting faculty to become more aware of what goes on in each other’s courses, and recommendations for increasing such awareness.

Data on the average time to graduation for graduates to date (N=3)—with feedback on the importance of advertising this favorable data to boost admissions.

Aggregate assessment data analyzed from our courses’ CCEP-SRs, which was also prepared in advance of our 2015-2016 Middle States Accreditation Review—with feedback on the high quality of course work based on the data, and ways to sustain data collection.

The Summer 2014 data project involving a survey assessment of our masters’ graduates—with feedback on the importance of this project and strategies to encourage alumni to participate.

Aggregate assessment data from our courses’ CCEP-SRs, as presented in the July 2014 issue of the newsletter, HEALTH ED NEWS (see below)—with feedback praising the initiative.

The data of the newly published and printed 2014 Recruitment Booklet—with feedback and recommendations on dissemination strategies to improve MS Program admissions.

The data from the Summer 2014 Faculty Meeting vote, which formally approved all of the MS program’s required courses’ CCEPs and CCEP-SRs—with feedback covering the concern regarding how CEPH might assess some of them, and other feedback praising them as is.

The data of the newly published and printed August 2014 Guidebook for Students (containing the revised Program of Study Guides)—with feedback on strategies for disseminating it widely, including e-mail list-serves and distribution at Orientations.

The data from the August 2014 creation and administration of the MS Program Exit Survey, (N=3)—with feedback covering the need to wait until the sample was larger to analyze aggregate data, in order to protect students’ identity and confidentiality.

The data of the revised, expanded and newly published and printed 2014 Fieldwork/Internship Guidebook—with the 7 core requirements for an internship—with feedback on strategies to disseminate it widely, secure more internship sites, and seal more institutional agreements, especially as the number of MS students increases in the future.

II. Evidence from our Newsletters, HEALTH ED NEWS

Reflecting how we worked intensively with the data of course syllabi, also consider in our Program Newsletter, HEALTH ED NEWS, July 2014, Volume 1, Issue 1, how we reported:

The goal is to improve the learning experience of all students .... This improvement has necessitated that the syllabi for the core program courses be transformed and upgraded to reflect how students achieve at least 1, if not 2 or 3 of the above 11 core competencies within a single course.... (p. 2)

A second article in HEALTH ED NEWS, July 2014 also documented our use of systematic reviews:

[T]he Program Coordinator has spent a major part of each summer since 2012 reviewing each Professor’s course syllabus in order to further each course moving toward having the very best CCEP for assessing each student’s achievement of the course’s 1, 2 or 3 core competencies.
Further, the CCEP project for each course then undergoes a process of formal review and approval by the program faculty—as an additional quality assurance step. This is an ongoing process. (p. 2)

In addition, we further documented in this HEALTH ED NEWS, July 2014 article our engaging in additional review processes with our data being shared and discussed with the larger college: Further, as the college prepares for an upcoming Middles States accreditation site visit in 2016, the CCEP-SRs are analyzed as aggregate data... (p. 2)

A year and a half later, we disseminated our findings from our review and analysis of the CCEP-SR data in a February 2016 HEALTH ED NEWS (Volume 2, Issue 2):

We have just completed a Self-Study Focused on Assessment of Students, which showed that students are achieving at exceptionally high levels, given their scores on their CCEPs, as measured via the professors’ CCEP-SRs. Consider results of an analysis of aggregate course data for five required courses, below:

[Here, just one sample course data is extracted]

1-HBSS 4100 Behavioral and Social Science Foundations of Health Education: 90% success rate in achieving the course objectives (i.e. 27 of 30 maximum points achieved on average for students within their CCEPs). This suggests that the course HBSS 4100 as currently structured, is assisting the program in meeting the 3 core program competencies that are a focus for learning in this course: 1) behavioral and social sciences; 2) professional identify; and 3) health inequities.

Here, too, this aggregate data for five core course was reviewed and discussed in Fall Faculty and Joint Committee meetings—leading to feedback for faculty to persevere in providing aggregate data at the end of each and every semester, despite the additional work, to facilitate our ongoing assessment process.

Evidence from our Diversity Plan and Other Forms in the Resource File

In the Resource File within the Diversity Plan we had a key section, Monitoring & Evaluation Via the Course Competency Evaluation Project Scoring Rubric (CCEP-SR) where we explained:

At the end of each semester, the course professor is to send a summary of that data to the Program Director. The Program Director uses this summary data from the CCEP-SRs for each course, which shows the extent to which program students are achieving each courses’ 1-2 PCCs (program course competencies), as a vital monitoring process (p. 16).

This reflects our following prior feedback that faculty persevere in providing aggregate data.

The Resource File also included our MS Program Mid-Point Evaluation Form, as data reflecting how advisors met with students mid-program (e.g. approximately 21 points completed) and discussed with students their progress in the program, any concerns, and evaluated their progress (1=very poor to 5=excellent). These forms were collected and reviewed as vital data on the success of our students and program, overall. Faculty discussed this data regularly, including immediately informing the Program Director when any concerns emerged about a student. This information allowed for the delivery of any interventions to assist students, as appropriate. This process was also spelled out in the Resource File in the Diversity Plan via the section, Monitoring Grades for Satisfactory Academic Progress:

Faculty regularly alert the Program Director to any student in our programs (MS, MA, EdD) who are not performing at the grade level of B, falling below that level—so that measures can be
undertaken (i.e. Program Director reaching out to the student, recommending tutoring, seeking disability assessment for formal status, or providing social support, referral for counseling, etc…). Students in the program must maintain a minimum grade-point average (GPA) of 3.0 while at Teachers College and must achieve at least a B grade in all of the required core courses. For the cohort of MS students thus far, only in 2 instances did students receive a singular grade of B-- while with many grades of A, this did not compromise their GPA. (p. 16)

In addition, the Resource File included a document, Cumulative Grades for all MS students, showing the results of the Program Director engaging in a systematic review on a “semesterly” basis of all students’ grades. This data was reviewed by the Faculty and Joint Committee in the Fall of 2016.

The Diversity Plan (page 16) in the Resource File also had a section, Monitoring & Evaluation Via Review of the Culminating Project. We described use of the form, Advisor’s Evaluation of the Culminating Project for Research Scholarship and Inquiry, where advisors rate the Culminating Project on a scale of 1 (very poor) to 6 (excellent) and provide final evaluative commentary; this was data regularly reviewed by the Program Director as a vital form determining whether the Capstone Portfolio (discussed below) was acceptable and supported the decision to permit the student to graduate.

The Resource File also included a document that presented as aggregate data all of the forms from the Advisor’s Evaluation of the Culminating Project for Research Scholarship and Inquiry (N=11 graduates to date). Our annual systematic review of data included sharing this data in a Fall Faculty meeting and then in the Joint Committee meeting when we also shared sample Capstone Portfolios for review. Feedback covered how the CCEPs and CCEP-SRs seemed to play an important role in students’ achieving high grades, since requirements are crystal clear—and recommendations to ensure their ongoing use.

The Diversity Plan (page 16) in the Resource File also had a section, Monitoring & Evaluation Via Review of the Capstone Portfolio. We explained how the Program Director also engages in a three step systematic review process of the body of data capturing student performance in every course taken—as codified in their Capstone Portfolio; this occurs across 1-3 months in the MS student’s final semester before graduation. This process entails an evaluation of the corpus of a student’s work, including via use of the Capstone Portfolio Evaluation Form: Program Director’s Clearance for Graduation. We also provided in the Resource File data via the MS Students Capstone Evaluation File that showed how the Program Director had collated data for the 2014, 2015 and 2016 graduating cohorts, closely monitoring and assessing student performance (N=11 graduates to date), while the data showed high ratings (6=excellent, 5=very good). On page 17 of the Diversity Plan we also had a section, Monitoring & Evaluation Via Wider Review of the Capstone Portfolio, explaining how this wider review occurred in Fall Faculty and Joint Committee meetings, as a vital quality assurance step. Feedback has been positive, as well as constructive, leading to new innovations to improve our program. For example, faculty discussed concerns about post-graduation (late) submission of a couple of Capstone Portfolios; this led to a new Spring 2017 semester Capstone Portfolio Policy (also in Resource File) on mandatory submission of the Capstone for clearance for graduation by April 1. The new Capstone Portfolio Policy (in the 2017 Guidebook) also stated innovations to improve our program to be implemented 2017-2018: Ensuring Adequate Progress on the Capstone Portfolio: Mid-Program Review. In addition, students must meet with the Chair of the Capstone Portfolio Mid-Program Review Committee, Professor Sonali Rajan, when they have completed 18 points in the program. Before the meeting, students are to submit their current draft version of their Capstone Portfolio as an email attachment to Professor Rajan (sr2345@tc.columbia.edu) based on their first 18 points of
coursework. Students will then meet with Professor Rajan and receive feedback and guidance on their progress by mid-program completion. (p. 25)

This is evidence of our Faculty’s systematic reviews of data leading to program improvements, as codified in new policy.

Systematic Review of Exit Survey Data

There is also evidence that we followed feedback to wait until we had more graduates to analyze our Exit Survey data. We did so, waiting until Fall 2016 to analyze the data and review it at a Faculty meeting and Joint Committee meeting. We engaged in a systematic review codified in the Diversity Plan in a section, Exit Survey Data of Our MS Graduates: Our Quality Assurance Work to Continue to Improve. Consider this detailed excerpt from pages 18-19:

... We have successfully conducted an Exit Survey with our diverse graduates to date (N=11— from the first graduating cohorts: May 2014=3, May 2015=5, May 2016=3). Exit Survey data (aggregate for all graduates) analyzed in September 2016 was revealing for how the MS program is achieving high quality, even though based on a very small sample of our graduates to date (N=11), as follows:

[Here we show just a small portion of the thorough analysis of Exit Survey Data]

Evidence of Quality Coursework and Faculty
- Some 11 of 11 graduates (for a 100% response rate) rated the overall MS Program in Community Health Education with regard to courses as excellent (27.27%, n=3), very good (54.55%, n=6), and good (18.18%, n=2)....

Achieving Competence in Research
- Some 10 of 11 graduates (for a 90% response rate) rated their understanding of and skill in research design and methods upon completion of the program as adequate (50%, n=5) or above adequate (30%, n=3), as well as somewhat adequate (20%, n=2)...

Achieving Competence in Service
- Some 10 of 11 graduates (for a 90% response rate to the survey, with survey N=10) rated their achievement of practical competencies via their practicum course and fieldwork/internship as above adequate (50%, n=5) or adequate (50%, n=5)...

Analysis and discussion of these Exit Survey findings generated feedback for improving our program at the December 2016 Joint Committee meeting: improve supporting our students in accessing volunteer experiences, encourage bilingual language training, as well as certifications in diabetes management, for example. Thus, a colloquium for students was planned for Fall 2017 where a member of the Joint Committee would provide education on diabetes and other certifications available for health education specialists.

Systematic Review of Graduation and Employment Data

Both within our Fall 2016 Faculty meetings and December 2016 Annual Joint Committee meeting there was a systematic review of data from our inaugural September 2016 MS Students Post-Graduation Employment Survey (in Diversity Plan), as follows:

Our data show a very high graduation rate, as well as a very high employment rate... Results show our graduates of the MS program to date achieving very high employment rates; and, where students are not employed, they are engaging in ongoing graduate education on the doctoral level. (p. 17)
As just a small sample of the detailed data we reviewed and discussed for 1 of our 3 graduate cohorts: for 2012-2013 5 of 5, or 100% graduated to date, based on a 100% (N=5) response rate to survey, showing 100% (N=5) employed (1 also pursuing Doctorate) Analyses of the data focused on our progress, and need to recruit more students to have larger cohorts—as evidence of how we used the data to chart program improvements.

Also, consider another excerpt on employment from our Diversity Plan, as follows:

Also, our data from the September 2016 MS Students’ Employer Evaluation Survey for the 7 employed graduates (i.e. 7 of 11 meeting the criteria of having one year since graduation) show 100% (n=7) are receiving overall ratings of excellent as employees for their work performance. Further, 100% (n=7) of supervisors have rated the extent to which the MS degree education has prepared our graduates to function in their current work role as excellent...

The systematic review of this data at the annual December 2016 Joint Committee meeting led to repeated feedback: support and improve our students’ chances of finding employment by encouraging their obtaining certifications—such as in diabetes management and other areas. This review reinforced support for the plan to hold a Fall 2017 colloquia on the many certifications available. Another suggestion involved ensuring future high response rates to our surveys by: encouraging all MS graduates to create LinkedIn accounts, and to provide us with their post-degree e-mail accounts (by-passing the Alumni Office); and, to also provide an additional contact person (e.g. parent) who will typically be able to alert them that we are trying to contact them for evaluation purposes.
Appendix D: Letter from the Vice President of Finance and Administration and the Vice Provost

Dear Council on Education for Public Health Site Reviewers:

Thank you for both your visit and for the extensive team’s report. I’m writing this letter to provide the team with a clear description of how the funds for College programs are calculated and to update Table 1 to provide 15-16, 16-17 and 17-18 (projected) faculty and staff salaries.

Each year in November, the Vice President for Finance and Administration and the Provost of the College send out a Budget Call Memo to the Department Chair and the Director of Academic Administration (the department manager) with print-outs of the prior year’s actuals and upcoming year’s base budgets. It includes a separate sheet for personnel detail (with names). Although the process varies by department, Chairs share and discuss the budget with Faculty at regularly scheduled departmental meetings. They then send their budget and any changes or requests to the Vice Provost prior to a meeting in November/December. It is at this time where Chairs would request any additional resources based on a new program, increased enrollment, faculty retirement, full-year sabbatical, etc. Any requests for additional faculty are made through the Permission to Recruit process with the Provost. Budgets for the next year are finalized in a detailed memo in December before the break but are adjusted when needed up through September 1st. The Vice President for Finance and Administration works with the Faculty Executive Committee – Finance, Facilities and Support Services committee throughout the year on the full College budget. He and the committee chair present to the Faculty at full Faculty meetings and the committee chair provides a faculty resolution on the budget for a full Faculty vote in May. The finalized College budget books are available to the Faculty. These contain itemized budgets by academic department and program to provide as much transparency as possible without providing confidential salary data.

The Department of Health and Behavior Studies has 4 budgets as follows:

111501  Health and Behavior Studies General Administration - $968,259
111511  Applied Educational Psychology - $1,114,424
111513  Health Studies – 2,082,431
111515  Applied Sciences of Learning & Special Education - $1, 104,522

The base budget total funds for the department is $5,269,636.

Health Education is part of the 111513 – Health Studies program. This program includes Health Education, Diabetes Education, Nursing, Applied Physiology and Nutrition and Nutrition Education. There are 8 full-time tenured or tenure track faculty members in the program for total salaries (without benefits) of $1,107,981. There are also 3 FT lecturers who have a 5 course teaching and advising load for total salaries (without benefits) of $256,428. For the report to you we pulled the Health Education 4 faculty, 1 lecturer and 1 adjunct salary and benefits out of the program budget so that you would have precise figures but Health Education is part of a larger program with significant other resources. In addition, all 3 programs (Applied Educational Psychology, Health Studies and Applied Sciences of Learning and Special Education) are serviced by the central resources of the department budgeted at almost $1 million (111501 above). This budget has $56,910 for PT Instructors, $270,600 for adjuncts, $ 167,089 for administration and $81,500 for student employment including research/teaching assistants and course assistants which are available to Health Education as needed.
Although the allocation of additional resources and any adjustments is handled through a budget process centrally with the departments, the allocation of resources within the department and from their General Administration budget is handled internally by the department. The central administrative office does not monitor department or program budgets throughout the year unless a request for additional funds is made or a problem surfaces. The central administration does use enrollment figures to allocate Program Director and contingency funds to Applied Educational Psychology, Health Studies and Applied Sciences of Learning & Special Education. The Program Director decides how these funds are spent and are not monitored centrally.

Below is a revision of the expenditures section of Table 1. Primary Faculty Salaries includes the 4 tenured or tenure track faculty in Health Education, Adjunct and Other Faculty includes 1 FT Lecturer and 1 adjunct although additional adjunct funds are available within the department’s General Administration budget if needed and the Staff Salaries includes 1 FT administrator and does not include any of the administrative resources provided at the departmental level. We have added another row to reflect the overage or administrative supplements earned by the 4 faculty in Health Education over the several years.

<table>
<thead>
<tr>
<th>FISCAL YEARS (FY):</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Faculty Salaries and Benefits</td>
<td>701,429</td>
<td>733,775</td>
<td>758,410</td>
<td>803,972</td>
<td>828,092</td>
<td>858,454</td>
</tr>
<tr>
<td>Primary Faculty Overage and Benefits</td>
<td>217,155</td>
<td>294,661</td>
<td>348,937</td>
<td>290,009</td>
<td>192,132</td>
<td>TBD</td>
</tr>
<tr>
<td>Adjunct and Other Salaries and Benefits</td>
<td>40,850</td>
<td>35,900</td>
<td>63,100</td>
<td>61,270</td>
<td>124,446</td>
<td>115,321</td>
</tr>
<tr>
<td>Staff Salaries and Benefits</td>
<td>53,207</td>
<td>54,365</td>
<td>55,487</td>
<td>58,021</td>
<td>59,763</td>
<td>61,556</td>
</tr>
<tr>
<td>Travel</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>4,000</td>
<td>7,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,016,641</strong></td>
<td><strong>1,122,701</strong></td>
<td><strong>1,229,934</strong></td>
<td><strong>1,217,273</strong></td>
<td><strong>1,208,432</strong></td>
<td><strong>1,042,331</strong></td>
</tr>
</tbody>
</table>

I’d also like to highlight 2 significant changes at the College. First, the Faculty Executive Committee recommended that the College administration raise adjunct faculty compensation. After careful consideration, the College increased the rates for adjunct assistants from 3,300 to 4,500 for adjunct associates from 3,800 to 5,000 and for adjuncts (full) from 4,300 to 6,000. Second, the Faculty Salary Committee proposed to increase the annual amount of professional development funds given to full-time faculty at TC. Tenured professors now receive $1,500 (from $1,000) and untenured professors will receive $1,700 (from $1,200).

If there is anything at all that we can further clarify, please feel free to contact Katie Embree at cme11@columbia.edu.

Best,
Harvey Spector, Vice President for Finance and Administration
Katie Embree, Vice Provost
Teachers College, Columbia University
Appendix E: Culminating Project Evaluation Rubric

CULMINATING PROJECT FOR RESEARCH, SCHOLARSHIP & INQUIRY
SCORING RUBRIC

Student’s Name ___________________________ Semester ___________

Pre-approval Process: Students are expected to meet with their advisor and receive approval, in advance, for various types of projects
_____ YES – was approved in advance, in a timely manner to support completion of high quality work
_____ NO – was not approved in advance, in a timely manner

Input: Were there sufficient meetings or drafts reviewed with the student to allow for sufficient Advisor input/mentoring: _____ YES _____ NO. Please explain:

Indicate Type of Project (___X__), below:
_____ major research paper (For example, a paper developed as a potential journal article for submission for publication. For example, a paper that builds further on their Course Competency Evaluation Project from their Fieldwork/internship).
_____ community health education curriculum (For example, a curriculum developed, implemented, and evaluated in a school or other setting—whether written or incorporating digital multimedia technology)
_____ health promotion, disease prevention, or health education program (For example, a program tailored for a population in a community-based organization, worksite, hospital, clinic, or other setting)
_____ research project (For example, a project that includes the analysis and discussion of community health data)
_____ grant application (For example, a grant to support a community health research project)
_____ an approved alternative (Approved by the student’s advisor) – Please describe:

Rate the Project in Light of Core Competencies: Providing ratings and your Advisor Evaluation Commentary, below, on a scale of 1=very poor, 2=poor, 3=fair, 4=good, 5=very good, 6= excellent, for reflecting knowledge and competency in the application of:

I _____ public health core knowledge provided via our program curriculum
   __1=very poor __2=poor __3=fair __4=good __5=very good __6= excellent
Advisor’s Evaluation Commentary:

II _____ community health core knowledge provided via our program curriculum
   __1=very poor __2=poor __3=fair __4=good __5=very good __6= excellent
Advisor’s Evaluation Commentary:

III _____ assessment procedures
   __1=very poor __2=poor __3=fair __4=good __5=very good __6= excellent
Advisor’s Evaluation Commentary:

IV _____ practical skills provided via our program curriculum
   __1=very poor __2=poor __3=fair __4=good __5=very good __6= excellent
Advisor’s Evaluation Commentary:
V______ evidence-based research, models and interventions
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:

VI______ principles of behavioral and social change
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:

VII______ appropriate research and evaluation methods
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:

VIII______ collaboration, advocacy and policy development skills in working with community representatives
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:

Rate the Project Overall:
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:

Provide Additional Feedback to Further Student’s Development
__1=very poor ___2=poor ___3=fair ___4=good ___5=very good ___6= excellent
Advisor’s Evaluation Commentary:
Appendix F: Admissions Review Rubric

MS PROGRAM IN COMMUNITY HEALTH EDUCATION ADMISSIONS DECISION
SCORING RUBRIC

Student’s Name_______________________________ TC ID #__________________
Semester Applying For___________ Review Date: __________

MS Admissions Requirements: Admission to the M.S. degree program offered by the Program in Community Health Education is based upon several criteria. These include: adequacy and relevance of preparation at the undergraduate level, as reflected in a high GPA (B or better); relevance of prior professional experience and related activities, providing a sound foundation for studying more advanced principles guiding behavioral and social change conducive to health; and, an articulated in a personal statement potential to benefit from additional preparation in community health education. Thus, applicants who present strong academic preparation at the undergraduate level in the behavioral and social sciences, education, nursing, public health, social work, or allied health professions are given priority consideration for admission to the program. Further, there must be a commitment to and evidence of being capable of pursuing the completion the 42 point curriculum, given the length of time required to complete this curriculum (e.g., an average of two years, including taking summer courses). There must also be evidence of the applicant possessing the willingness and ability to engage in a second year fieldwork/internship—as an intensive 180 hour supervised experience. The applicant should also be perceived as capable of engaging in the Culminating Project for Research, Scholarship and Inquiry that is slated for the final semester, as a major independent study project necessitating discipline and focus. Finally, the applicant should be perceived as possessing the intellectual rigor and organizational skills essential to creating and submitting a Capstone Portfolio that includes the corpus of their graduate work in the program, including a thoughtful introduction and conclusion with synthesis of what was learned—as a requirement for graduation. Submitting GRE scores is optional, while international students must submit a satisfactory TOEFL score.

GPA Evaluation:
Undergraduate GPA: ______ at the Institution:___________________________________
Other Undergraduate GPA: ______ at the Institution:______________________________
Any Graduate GPA: ______ at the Institution:_____________________________________
Any Other Graduate GPA: ______ at the Institution:______________________________

GPA Rating:
__3 = High Priority Admit __2=Admit __1=Unfavorable for Admit Decision

Transcript Review Ratings:
For sufficient adequacy and relevance of preparation at the undergraduate level:
__3 = High Priority Admit __2=Admit __1=Unfavorable for Admit Decision

For strength of academic preparation at the undergraduate level in the behavioral and social sciences, education, nursing, public health, social work, allied health professions, or other areas:
__3 = High Priority Admit __2=Admit __1=Unfavorable for Admit Decision

Letters of Recommendation Ratings:
For gaining the perspective on their academic capabilities from a prior professor:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For our community health education and public health focus, the relevance in their prior professional experience and related activities, providing a sound foundation for studying more advanced principles guiding behavioral and social change conducive to health:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For their character and personal attributes, as observed by others:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

**Personal Statement Rating/Any Writing Sample:**
For their ability to articulate their potential to benefit from additional preparation in community health education:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For any personal experiences that motivated their focus in community health/public health/health disparities/health equity:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For their articulation of any prior volunteer, work, or professional experiences and related activities relevant to community health education:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For evidence of an adequate commitment to and being capable to complete the 42 point curriculum:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For evidence of the ability to write adequately and engage in self-expression for graduate-level coursework:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

For evidence of their capacity for leadership in the field of community health education:
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

**Rating of Capacity for Academic Rigor:**
Does the applicant appear to be capable of engaging in the Culminating Project for Research, Scholarship and Inquiry that is slated for the final semester, as a major independent study project necessitating discipline and focus?
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

Do you see the applicant as possessing the intellectual rigor and organizational skills essential to creating and submitting a Capstone Portfolio that includes the corpus of their graduate work in the program, including a thoughtful introduction and conclusion with synthesis of what was learned—as a requirement for graduation?
__3__ = High Priority Admit   __2__=Admit   __1__=Unfavorable for Admit Decision

**Interview Data:**
For the impression made during any interview:
__3 = High Priority Admit  __2=Admit  __1=Unfavorable for Admit Decision

**GRE Rating:**
For any GRE scores submitted:
__3 = High Priority Admit  __2=Admit  __1=Unfavorable for Admit Decision

**Rating for International Applicants:**
For adequacy of their TOEFL score:
__3 = High Priority Admit  __2=Admit  __1=Unfavorable for Admit Decision

**Overall Admission Rating:**
Provide your admission recommendation:
__3 = High Priority Admit  __2=Admit  __1=Unfavorable Admit Decision

**What Would Have Strengthened This Application? How Could They Improve?**